



STATE OF NEVADA  
Certified Court Reporters Board

5135 Camino Al Norte, Suite 270  
North Las Vegas, Nevada 89031  
Phone: (702) 489-8787 Fax: (702) 489-8788  
Website: www.crptr.nv.gov Email: Reporting@nvccrb.nv.gov

REGISTRATION FOR A COURT REPORTING FIRM LICENSE

REV: 2/15

Licensing Year: July 1, 2015 – June 30, 2016

Fee: \$250.00

*Payment must accompany this application. Make check payable to NVCCRB.*

Date of Nevada Firm Examination: \_\_\_\_\_  
(Only applicable if you are the firm owner or designative firm representative and not a court reporter.)

FIRM NAME		
ADDRESS		
CITY	STATE	ZIPCODE
TELEPHONE	FAX	EMAIL ADDRESS
DATE ESTABLISHED	FEDERAL TAX I.D. NUMBER	
NAME OF OWNER OR DESIGNATED FIRM REPRESENTATIVE		TITLE

Type of entity, please check one:

- ☐ Sole Proprietorship  
☐ Partnership  
☐ Corporation  
☐ Other : \_\_\_\_\_

Pursuant to NRS 602, if the court reporting firm uses an assumed fictitious name(s), please state each such name and attach copies of each certificate. \_\_\_\_\_

**PLEASE SUBMIT A COPY OF YOUR NEVADA BUSINESS LICENSE  
WITH YOUR APPLICATION.**

**Each owner or designative firm representative must complete the following:**

**Owner #1**

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NAME

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RESIDENTIAL ADDRESS

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TELEPHONE

Are you a Nevada Court Reporter? If yes, state your CCR #

NRS 656.155 requires an applicant for the issuance or renewal of a license to complete the statement prescribed by the Welfare Division of the Department of Human Resources. Failure to mark a response on this questionnaire will result in the denial of your application for licensing. Please check one:

- ☐ I am not subject to a court order for the support of a child.
- ☐ I am subject to a court order for the support of one or more children and in compliance with the order or in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and **not** in compliance with the order or in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

**Owner #2 (if applicable)**

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NAME

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RESIDENTIAL ADDRESS

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TELEPHONE

Are you a Nevada Court Reporter? If yes, state your CCR #

NRS 656.155 requires an applicant for the issuance or renewal of a license to complete the statement prescribed by the Welfare Division of the Department of Human Resources. Failure to mark a response on this questionnaire will result in the denial of your application for licensing. Please check one:

- ☐ I am not subject to a court order for the support of a child.
- ☐ I am subject to a court order for the support of one or more children and in compliance with the order or in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and **not** in compliance with the order or in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

**Owner #3 (if applicable)**

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NAME

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RESIDENTIAL ADDRESS

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TELEPHONE

Are you a Nevada Court Reporter? If yes, state your CCR #

NRS 656.155 requires an applicant for the issuance or renewal of a license to complete the statement prescribed by the Welfare Division of the Department of Human Resources. Failure to mark a response on this questionnaire will result in the denial of your application for licensing. Please check one:

- ☐ I am not subject to a court order for the support of a child.
- ☐ I am subject to a court order for the support of one or more children and in compliance with the order or in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order; or
- ☐ I am subject to a court order for the support of one or more children and **not** in compliance with the order or in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

In making and filing this Application for License of this Nevada Court Reporting Firm, I hereby authorize all persons, firms, officers, corporations, associations, organizations, state or federal agencies and institutions to furnish to the NVCCRB or any of its authorized representatives, all relevant, non-privileged documents, records or other information that may be requested in the investigation of the Application for License.

As an owner or designative firm representative of the court reporting firm identified in this application, I agree to notify the NVCCRB of any changes in the firm's ownership, name, business address and telephone number in writing within 30 days of the change.

I have read the foregoing application and attached exhibits, if any, have made each statement therein and answered each question therein fully and frankly and without concealment or reservation, and such questions and answers are within my personal knowledge, true and complete. I am aware that I have a duty to advise the NVCCRB of any circumstances occurring after the date of this application that would affect my responses herein.

I further state that, as an owner or designative firm representative of a Nevada Court Reporting Firm, it is my obligation to be knowledgeable of Nevada Statute 656 and Nevada Administrative Code 656 both of which pertain to the practice of court reporting in the state of Nevada. I declare that all statements on this application are true and make declaration under penalty and perjury.

All owners must sign this application.

Owner #1

\_\_\_\_\_  
FIRM OWNER

\_\_\_\_\_  
SOCIAL SECURITY (Pursuant to NRS 656.155(1a))

\_\_\_\_\_  
DATE

Owner #2

(If applicable)

\_\_\_\_\_  
FIRM OWNER

\_\_\_\_\_  
SOCIAL SECURITY (Pursuant to NRS 656.155(1a))

\_\_\_\_\_  
DATE

Owner #3

(if applicable)

\_\_\_\_\_  
FIRM OWNER

\_\_\_\_\_  
SOCIAL SECURITY (Pursuant to NRS 656.155(1a))

\_\_\_\_\_  
DATE

**Failure to submit a completed form along with required documents  
will result in the denial of your application for licensing.**